What is QTIP?

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SC CHIPRA Quality Demonstration Grant
February 2010 – 2015

Category A
Core Measures
Leveraging best and... 

Category B
Health Information Exchange/EHR
Promote the use of... 

Category C
Medical Home/Behavioral Health
Incorporate Mental... 

Goal: improving children’s health outcomes in SC.

How QTIP Worked with Practices

Learning Collaborative
- Face-to-face semi-annual learning sessions
- Topic specific expert presentations
- Relationships building

On-Site Visits
- Technical Assistance by QTIP
- Topic specific visits
- Academic Detailing

Pediatric Practices
- Heterogeneous practices
- Identified QI Team
- Quality Improvement
- Trained technique and documentation
- Communication
  - Blog, monthly calls, in-person learning sessions

Maintenance of Certification (MOC)
- Physicians earn Part 4 MOC credit on QI work

Core Measures

QTIP:
- Introduced various measures over time which cover breadth of pediatrics
- Provided anticipatory guidance
- Promoted grassroots initiatives by letting the practice choose what to work on and how
- Emphasized the importance of data gathering

Behavioral Health
- Integrate behavioral health care within the medical home

QTIP:
- Used AAP resources
- Offered training
- Provided technical assistance
- Assisted in identifying community resources
- Individualized interventions
- Implemented a recommended screening protocol
### What worked...

- Working directly with pediatric practices; supporting their multi-disciplinary teams
- Learning Collaborative sessions are effective at introducing evidenced based practices, anticipatory guidance and sharing ideas
- Partnerships/Relationships
  - SC AAP
  - Stakeholders
  - Practices learning from each other

### What worked...

- Keep practices engaged and activities meaningful:
  - Continuous messaging and technical assistance
  - ABP MOC Part 4 credits
  - Provide focus
- Coordination and timing important
  - State, DHHS initiatives
  - Relate to MOC and PCMH
  - Reimbursement
- Enhancing skill sets
  - Teach Quality Improvement skills
  - Build on existing knowledge
- Individualize

### Strengths and Achievements

- Increased:
  1. Focus on quality
  2. Use of evidenced based clinical care
  3. Interest/involvement in mental health; change in attitudes
  4. Sharing among practices
  5. Staff empowerment
  6. Facilitation with PCMH adoption

### Challenges

<table>
<thead>
<tr>
<th>Cited by Practices:</th>
<th>Cited by QTIP:</th>
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</thead>
<tbody>
<tr>
<td>Time</td>
<td>Data extraction</td>
</tr>
<tr>
<td>Office support</td>
<td>PCMH applicability</td>
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<tr>
<td>Competing priorities</td>
<td>Too ambitious</td>
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<tr>
<td>Reporting/documenting</td>
<td>Uniqueness of pediatric practices</td>
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<tr>
<td>Implementing procedures/maintaining progress</td>
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<tr>
<td>Too many measures</td>
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### Overall Impact

- Pediatricians
- State and National AAP
- DHHS
- Children
- YOU

All with the goal of: improving children's health outcomes

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**TOTAL QTIP 2011 - 2019**

- 2011
- 2015
- 2016
- 2017
- 2018
- 2019

- 18 pediatric
  - January 2011 - February 2015
  - Pediatric Practices added each January based on availability of plots (n=32)

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**TOTAL QTIP (n=30)**
Components: Pediatric Practices

Identify a quality improvement (QI) team: practitioner, nurse, and office manager

Expectations:
- Participate in Learning Collaborative sessions
- Implement quality improvement projects
- Monthly data entry into QIDA
- Participate in technical assistance meetings
- 2-year commitment

Component: Learning Collaborative

Two learning collaborative (LC) sessions/year
- Introduce evidenced based practices on core measures
- Promote mental health, quality improvement and medical home concepts
- Provide networking opportunities, discuss strategies, present successes and share lessons learned

Component: Technical Assistance

Technical assistance to support key messaging/concepts:
- On-site visits
- Webinars/conference calls
  - QI coaching
  - Support with Mental health efforts, including community meetings and resource linkage, etc.

2019 Components:

Learning Collaborative
- Quality Improvement

Technical Assistance:
- Mental Health
- Measures of Focus
- Data Collection

What Contributed to Practices' Success?
- Formal process/structure
- Commitment of a lead practice champion
- Buy-in from staff
- Identify a person and job tasks to oversee quality
- Review projects over time
- HINTS
  - Meet regularly (established times)
  - Use the on-site visit to get feedback
  - Be a peer reviewer
  - Ask for assistance
  - Start small, pilot with one doctor, with one office
  - Display your data
Component: Quality Improvement

Quality Improvement should:
- Involve entire practice
- Use Data

QTP will:
- Teach QI techniques
- Help link to other efforts

Practices should:
- Implement Quality improvement projects
- Explore formal processes and structure (and staff)
- Document your work

Component: Children’s Measures of Focus

Limited number of measures for focus:
- Anticipatory guidance, resources, tools, and evidenced-based best practices
- Practices choose HOW to work on measures
- ABP MOC Part 4 credit

HINTS:
- Work on improvements with core measures is; change takes time and is on-going
- Review, review, review - monitor your work
- Share and learn from others

Mental Health

Let the practices set their own priorities with the goal of moving each practice toward integration

Help connect grant activities to what practices are already doing

Frame mental health in the context of physical health

Screening protocol and reimbursement

Help identify resources

Provide a framework - along with consistent contact and messaging

Previous focal topics

<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>6-9 months</td>
<td>24 months</td>
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<tr>
<td>Well child visits</td>
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<tr>
<td>Vaccinations</td>
<td>Risk Assessments</td>
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<td>Maternal depression</td>
<td>Screening Special Health Care Needs</td>
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<td>Socio-environmental screening</td>
<td>Family Strengths</td>
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<td>Oral Health</td>
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<tr>
<td>Adolescents</td>
<td>Social Determinants of Health</td>
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<tr>
<td>Well child visits</td>
<td>BMI</td>
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<td>Vaccinations</td>
<td>Tobacco Cessation</td>
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<tr>
<td>Mental Health assessments &amp; follow-up</td>
<td>Oral Health</td>
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<tr>
<td>Assessment for special health care needs (SHCN)</td>
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<td>Assessments/screen</td>
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<td>BMI</td>
<td>Work with subspecialist</td>
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<tr>
<td>Adolescents</td>
<td>Care plans</td>
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<tr>
<td>Asthma</td>
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Data Collection

- Data Collection:
  - SC QIDA
  - PDSA cycles

- QTP will use your data to track and report aggregate data over time ... for information and trends

- Practices will use the data gathered to identify, implement and track QI projects
SC QIDA

- Standardized data
- Freedom to select what to work on
- Develop run charts, examine data and develop quality projects
- "Real time" data pulled by you

QIDA and HEDIS data differ...

QIDA can show you where you have the most room for the most improvement, where you could benefit to take a deeper dive and initiate a QI project.

Quality Improvement in Action

Practice QI team
- Identify issues
- Analyze
- Define critical path
- Change

Sustainability
- Finalize process and practice
- Monitor

"Remember change takes time"

SHARE and Learn from others

What is available for you?

- QTIP blog
  https://msp.scdhhs.gov/CHIPRACTIP/
- QTIP Website
  https://msp.scdhhs.gov/qtip/
- ABP Part 4 MOC
- A network of practices and supports
- QTIP staff

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